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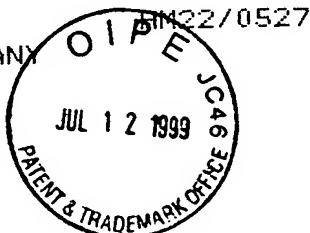
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WARNER LAMBERT COMPANY
2800 PLYMOUTH ROAD
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[Stamp: OIPE JC46 PATENT & TRADEMARK OFFICE JUL 1 2 1999 RM22/0527]

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Cindy Malocha (Depositor's name)

Cindy Malocha (Signature)

7-9-99 (Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT		DATE MAILED
09/043,358	07/15/98	015	REAMER, J	1614	05/27/99

First Named Applicant SINGH,   35 USC 154(b) term ext. =   0 Days.

TITLE OF INVENTION ISOBUTYLGABA AND ITS DERIVATIVES FOR THE TREATMENT OF PAIN

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 5454-41-EMA	514-561.000	T70	UTILITY	YES.	$605.00	08/27/99

1. Change of correspondence address or indication of " Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Elizabeth M. Anderson

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropiate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a subsitiue for filing an assignment.

(A) NAME OF ASSIGNEE   Warner-Lambert Company

(B) RESIDENCE: (CITY & STATE OR COUNTRY)   Morris Plains, NJ

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual   ☒ corporation or other private group entity   ☐ government

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature) *Elizabeth M. Anderson*

(Date) 7. 9. 1999

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JUL 1 3 1999

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